

12-3-01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: LAWRENCE J. MULLIGAN ET AL.
TITLE: METHOD AND APPARATUS FOR MEASUREMENT OF MEAN PULMONARY ARTERY PRESSURE FROM A VENTRICLE IN AN AMBULATORY MONITOR

jc921 U.S. PTO



11/30/01

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Commissioner of Patents, Washington, D.C. 20231, *EXPRESS No. EE421897275US, on this 30th day of November, 2001.

Molly Chlebeck

Printed Name

Signature

Commissioner for Patents
BOX PATENT APPLICATION
Washington, D.C. 20231

j1046 U.S. PTO
09/997753
11/30/01

Sir:

We are transmitting herewith the attached:

☒ **Patent Application Transmittal**

☒ **Specification:**

Total pages: 19 (including claims and abstract: Spec. 14 sheets; Claims 4 sheets; Abstract 1

☒ **Drawings:**

Total sheets: 6

☐ formal ☒ informal

Combined Declaration and Power of Attorney:

- ☒ unexecuted
☐ copy from prior application
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

Accompanying application parts:

- ☐ Notification of filing a
☐ Assignment of the Invention to Medtronic, Inc.
☐ Assignment cover sheet
☐ Information Disclosure Statement
☐ PTO Form 1449
☐ Copies of IDS citations
☐ Preliminary Amendment
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
☒ Return Postcard

IF A CONTINUING APPLICATION:

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
of prior application No. _____ / _____.
- ☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation
☐ division ☐ continuation in part of application number _____, filed _____.
- ☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)
- ☐ The prior application is assigned of record to Medtronic, Inc.
- ☐ The Power of Attorney in the prior application is to: _____.

☒ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) 60/250,420, filed December 1, 2000.

X Address all future correspondence to: Beth L. McMahon, Reg. No. 41,987
Medtronic, Inc., MS 301
710 Medtronic Parkway
Mailstop LC340
Minneapolis, Minnesota 55432
Telephone: (763) 514-3066
Facsimile: (763) 505-2530

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	30	20	= 10	x 18	\$180.00
Independent Claims	3	3	= 0	x 84	0.00
Multiple Dependent Claims				+ 280	
Basic Filing Fee					\$740.00
TOTAL					\$920.00

Charge Deposit Account No. 13-2546 in the amount of \$920.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

November 30, 2001
Date


Beth L. McMahon, Reg. No. 41,987
MEDTRONIC, INC.
7000 Central Avenue N.E.
Minneapolis, Minnesota 55432
Telephone: (763) 514-3066

RECEIVED
NOV 30 2001